

In-Kind Donation Submission Form

Date:	 `
Donor's Name:	
Donor's Address:	
City, State, Zip:	
Name of Employer:	
Occupation:	
Donation Description	
Value:	\$
Donation Purpose:	
States of America	donor, declare under penalty of perjury under the laws of the United that there were no goods or services provided by the Oklahoma exchange for this donation.
Donor's Signature:	
Date Signed:	
For OKLP Use Only Donation Received b	y:
Date Received:	